

ADOPTION CHECKLIST
Michigan Department of Human Services

Child's Name _____ **Birth Date:** _____

Date Referred for Adoption _____ **Commitment Date** _____

Documentation Received:

Birth Certificate ☐ Termination/Commitment Order ☐ Initial/Updated Service Plans ☐ Social Security Card ☐
Funding Source _____ DOC rate _____ Current Medical (DHS-1663) ☐ Dental (DHS-1664) ☐ Native American ☐
Psychological Reports ☐ Currently in Therapy? Yes ☐ No ☐ Therapist _____

Foster Parent Notification (DHS 4809)

Date Sent _____ **Date Response received** _____ **Interested: Yes** ☐ **No** ☐

Relatives identified in case or expressing an interest in adoption:

Name/Relationship _____

Status (Withdrawn/Approved/Denied) _____

Competing Parties: Yes ☐ No ☐ If yes, name _____ relationship _____
name _____ relationship _____

Child Adoption Assessment

Meet child/caregiver ☐ Written Assessment (DHS-1927) ☐

Adoptive Family:

Identified _____ ☐ MARE Hold Form ☐ Recruitment Needed ☐ Child Registration Form (DHS-4748) ☐ Photo ☐

Adoptive Family Assessment:

Orientation ☐ Publications given (DHS-255, 823, and 538) ☐ Application ☐ Record Clearances ☐ Medicals ☐

Written Assessment (DHS-1928 or DHS-1926) ☐ Family received copy of AFA ☐ Shared history with family ☐

Verification signed by adopting parents (DHS-4818) ☐

Subsidy Application:

Support Subsidy/NRE Intent Statement (DHS-4081) ☐

Subsidy Application (DHS-1341) ☐ Medical Subsidy (DHS-1341M) ☐

Verify Foster Payment ☐ Rate _____ DOC (DHS-470 or DHS-1945) ☐ Rate _____

Agreement received ☐ Signed by Parent ☐ Signed by Subsidy Manager ☐ Agreement given to Parent ☐

MCI Consent Request:

Birth Certificate ☐ PC Order ☐ CAA ☐ AFA ☐ DHS-3217 ☐ PCA-309 ☐ Not recommending Letter (if applies) ☐

Expedited Yes ☐ No ☐ Date Packet Sent to MCI Office _____ Date Consent received _____

Court Packet:

Petition (PCA-301) ☐ Order Placing (PCA-320) ☐ Adoption (PCA-321) ☐

Statement of Services (PCA-345) ☐ Petitioner's Acct. (PCA-347) ☐

Fees (PCA-341) ☐ OTR/PC ☐ Birth Certificate ☐ Consent (PCA-309) ☐

CAA ☐ AFA ☐ Medicals ☐ New Birth (DCH-0854) ☐ Other _____

Subsidy Payment Request (DHS-1344) ☐ **with Placement Order** ☐

Nonrecurring Expense Claim for Reimbursement ☐

Quarterly reports ☐ **Final Order of Adoption (PCA-321)** ☐

Closing Summary (DHS-222) ☐ **Closing Letter** ☐ **AFCARS (DGS-3154)** ☐ **Records** to closed files ☐

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